

2014-321.C
2 S1640

Individual Complaint Form

Date: July 23, 2014



Complainant or Legal Representative Information: * Required Fields

Name * Robert Dubose
Firm (if applicable) _____
Mailing Address * 1452 Mosstree Rd
City, State Zip * North Charleston, SC 29405 Phone * 843-686-1109
E-mail * _____

Name of Utility Involved in Complaint: * Sprint

NOTE: If AT&T is the utility involved, please complete the attachment located at the end of this form.

Type of Complaint (check appropriate box below.) *

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> Billing Error/Adjustments | <input type="checkbox"/> Deposits and Credit Establishment | <input type="checkbox"/> Wrong Rate | <input type="checkbox"/> Refusal to Connect Service |
| <input type="checkbox"/> Disconnection of Service | <input type="checkbox"/> Payment Arrangements | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Line Extension Issue |
| <input type="checkbox"/> Service Issue | <input type="checkbox"/> Meter Issue | | |
| <input type="checkbox"/> Other (be specific) _____ | | | |

Have you contacted the Office of Regulatory Staff (ORS)? * Yes No Name of ORS Contact: Jamie Peebles

Concise Statement of Facts/Complaint: * (This section must be completed. Attach additional information to this page if necessary.)

Sprint has charged me for relay services for calls I have placed. When I contact Sprint to get more information on my bill they are unable to pull up an itemized bill outlining when calls were placed and where they were placed to.

In addition Mr. Peebles at the ORS has attempted to assist with this, but Sprint has not contacted me to assist with this issue and has not provided Mr. Peebles with an itemized bill.

Relief Requested: * (This section must be completed. Attach additional information to this page if necessary.)

An itemized bill and an outline of the process for getting an itemized bill when I call in to Sprint customer service. In addition, the bills need to be sent in a more timely manner.

**I GIVE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA PERMISSION TO PUBLISH THIS COMPLAINT AND ITS CONTENTS ON THE COMMISSION'S WEBSITE (dmas.psc.sc.gov). Yes No

Robert Dubose
Complainant's Signature

STATE OF SOUTH CAROLINA)
COUNTY OF CHARLESTON)

VERIFICATION

I, Robert Dubose Complainant's Name verify that I have read my complaint filed on July 22, 2014 Date Internal Use Only

and know the contents thereof, and that said contents are true. Robert Dubose Complainant's Signature

